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|---|---|------------------------------------|---|--|
| SERIAL NUMBER 09/719,258 | FILING OR 371(c) DATE 12/08/2000 RULE | CLASS 424 | GROUP ART UNIT 1616 | ATTORNEY DOCKET NO. H01.2-9587 |
| APPLICANTS Friedel Frauendorfer, Grossburgwedel, GERMANY; ** CONTINUING DATA ***** This application is a 371 of PCT/EP00/03350 04/13/2000 <i>40</i> ** FOREIGN APPLICATIONS ***** GERMANY 199 30 030.5 06/30/1999 <i>40</i> IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 02/27/2001 | | | | |
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and <i>Allowance</i> Acknowledged <i>S. J.</i> Examiner's Signature Initials | | STATE OR COUNTRY GERMANY | SHEETS DRAWING | TOTAL CLAIMS 10 |
| | | | | INDEPENDENT CLAIMS 2 |
| ADDRESS 490 | | | | |
| TITLE Oral dosage form | | | | |
| FILING FEE RECEIVED 430 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | |